

MAINE FOOD STAMP ESTIMATOR

For households with **NO** elderly (age 60 or over) or disabled members

PART I. Find Gross Income Eligibility

NOTE: If everyone in your household who would receive Food Stamps also receives TANF or General Assistance, skip this part and go on to PART II.

- A. Gross Earned Income for Month (Wages before taxes and other payroll deductions are taken out; use: weekly gross pay x 4.3) \$_____ (A)
- B. Add Other Income (TANF, Social Security, etc.) + \$_____ (B)
- C. Subtotal (A + B) \$_____ (C)
- D. Subtract legally obligated support paid for children outside the household - \$_____ (D)
- E. Total Gross Monthly Income (C minus D) = \$_____ (E)
- Answer**

Compare Gross Monthly Income (E) to Chart Below. If your gross income is higher than the maximum gross income for your family size, you are not eligible for Food Stamps. If it is lower, go to Part II.

Family Size	1	2	3	4	5	6	7	8	For each additional person add
Maximum Gross Income	\$1,037	\$1,390	\$1,744	\$2,097	\$2,450	\$2,803	\$3,156	\$3,509	+\$354

PART II. Find Monthly Net Income

- F. Gross Monthly **Earned** Income \$_____ (F)
(Same as Line A above)
- G. Subtract Work Expense Deduction: - \$_____ (G)
(20% of Earned Income (F x .20))
- H. Net Earned Income (F minus G) = \$_____ (H)
- Answer**

I. Add Other Income (TANF, Social Security, etc.)	+ \$ _____ (I)
J. Subtotal (H + I)	= \$ _____ (J)
	Answer
K. Subtract Standard Deduction (\$134 for household with 1-4 members, \$157 if 5 household members, \$179 if 6 or more household members)	- \$ _____ (K)
L. Adjusted Income (J) minus Standard Deduction (K)	= \$ _____ (L)
	Answer
M. Subtract Monthly Dependent Care Costs* (Actual cost of care up to a maximum of \$175 per dependent per month and up to \$200 for each child under 2 years old)	- \$ _____ (M)
N. Adjusted Income (L minus M)	=
\$ _____ (N)	
	Answer
O. Subtract legally obligated support paid for children outside the household	- \$ _____ (O)
P. Adjusted Income (N minus O)	= \$ _____ (P)

*"Dependent Care Costs" include childcare costs and costs of caring for adult dependents in the home, if necessary for training or employment.

Shelter Deduction Calculation

At this point you must do a separate calculation to determine your monthly "shelter deduction."
Once you complete this calculation, you will be ready to go on to Line Q.

If you pay for your own heat or air conditioning **or** get Fuel Assistance benefits (HEAP or ECIP),
complete Option 1 below. (You can also use Option 1 if you live in public housing and pay excess
utility costs.)

All others complete Option 2 or Option 3 instead.

Shelter Deduction - Option 1

Add Your:

rent, mortgage (includes second mortgages and home equity loans), condominium fees	\$ _____
fire insurance on home (monthly)	+ \$ _____

property tax (monthly)	+ \$ _____
SUBTOTAL	= \$ _____
Add in the "Standard Utility Allowance" of \$401	+ \$ <u>401</u>
TOTAL SHELTER COST – <u>Option 1</u> (Sum of all costs listed above)	= \$ _____

Shelter Deduction - Option 2

If you do **not** qualify for Option 1 but you **do pay** for any other utilities (besides telephone), use Option 2.

Add Your:

rent, mortgage (includes second mortgage and home equity loans), condominium fees	\$ _____
fire insurance on home (monthly)	+ \$ _____
property tax (monthly)	+ \$ _____
SUBTOTAL	= \$ _____

Add the "Standard Non-heat Utility Allowance" of \$162 if you pay for at least two of the following expenses: cooking, lights, water, sewer, trash disposal, telephone. [If total actual utility expense is more, or if you have only one of these expenses, use your actual costs.]

+ \$ 162 or (\$ _____) Actual

TOTAL SHELTER COST - <u>Option 2</u> (Sum of all costs listed above)	= \$ _____
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Shelter Deduction - Option 3

If you do not qualify for Option 1 or Option 2 above, use Option 3.

Add Your:

rent, mortgage (includes second mortgage and home equity loans), condominium fees	\$ _____
fire insurance on home (monthly)	+ \$ _____

property tax (monthly) + \$ _____

SUBTOTAL = \$ _____

Add in the "Standard Telephone Only Utility Allowance"
of \$27 if you pay for a telephone or phone cards + \$ _____

TOTAL SHELTER COST - Option 3*
(Sum of all costs listed above) = \$ _____

***NOTE:** If you are homeless but expect to have shelter costs during the month, you can deduct \$143 as your shelter cost (or a higher actual amount if you can verify the expenses you expect to have). If you use the standard "homeless" deduction, subtract \$143 from your answer to Line (P) above and enter the answer at Line (V), skipping steps (Q) through (U).

You have found your shelter cost. Now you can continue on to determine your net monthly income under Part II.

Q. List your answer to Line (P) here \$ _____ (Q)

R. Give 1/2 of your answer to (Q) ("Q" x .50) \$ _____ (R)

S. List the total shelter cost that you determined in your shelter deduction calculation (Option 1, 2 or 3) above \$ _____ (S)

T. Subtract your answer to (R) from your answer to (S)
- \$ _____
(Answer to R)
= \$ _____ (T)
Answer

U. If your answer to (T) is more than \$400, put \$400 here

or

If your answer to (T) is less than \$400, put your answer to (T) here \$ _____ (U)

V. Subtract your answer to (U) from your Answer to (Q)

\$_____ (Answer to Q)

- \$_____ (Answer to U)

=

\$_____ (V)

THE ANSWER TO (V) IS YOUR MONTHLY NET INCOME FOR FOOD STAMP PURPOSES

PART III. Find Amount of Food Stamps

NOTE: If everyone in your household who would receive Food Stamps also receives TANF or General Assistance, skip this chart and go onto Step W. You do not need to meet this income test.

Compare monthly net income (Answer to V) to Chart below. If your monthly net income is higher than figure on the Chart, you are not eligible for Food Stamps. If it is lower, go on to next step.

Family Size	1	2	3	4	5	6	7	8	For each additional person add
Maximum Net Income	\$798	\$1,070	\$1,341	\$1,613	\$1,885	\$2,156	\$2,428	\$2,700	+272

W. Multiply the household's monthly net income (Answer to V) by 0.3 (V x 0.3)

\$_____ (W)

X. Round up to the next whole dollar to find Adjusted Food Stamp Income

\$_____ (X)

Y. Give figure for maximum Food Stamp allotment for your family size from the chart below.

\$_____ (Y)

Family Size	1	2	3	4	5	6	7	8	For each additional person add
Maximum Food Stamp Allotment	\$152	\$278	\$399	\$506	\$601	\$722	\$798	\$912	+\$114

Z. Subtract the answer to (X) (Adjusted Food Stamp Income)
from the answer to (Y) (Maximum Food Stamp Allotment)

\$ _____
(Answer to Y)

-\$ _____
(Answer to X)

MONTHLY FOOD STAMP ALLOTMENT:

(See box below if answer is less than \$10)

= \$ _____ (Z)

Special Rules if the Answer to (Z) is less than \$10

AA. If the number of people in the household is 1 or 2, the household is entitled to at least \$10 of Food Stamps. This is true even if (Z) above is less than zero. If (Z) is less than \$10, the allotment is still \$10.

\$ 10 (AA)

BB. If the number of people in the household is 3 or more, and (Z) is \$1, \$3, or \$5, round up to \$2, \$4 or \$6.

\$ _____ (BB)
(\$2, \$4, or \$6)

These rules apply after the first month of eligibility. For the first month, you will not get anything.

Prepared by Pine Tree Legal Assistance
October 2005



Notice

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